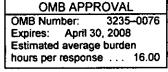
1395848

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D





NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

SEC USE ONLY							
Prefix		Serial					
DATE	RECEN	√ED					

Name of Offering (check if this is an amendment and name has changed, and indicate change.)	SEC
Series A Preferred Stock, Warrants to purchase shares of Series A Preferred Stock and underlying exercise and/or conversion thereof	MIBIN LIOCESSINA
File Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6)	ULOE
Series A Preferred Stock, Warrants to purchase shares of Series A Preferred Stock and underlying Common Stock Squable upon well Processing Section File Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) ULOE Type of Filing: New Filing Amendment A. BASIC IDENTIFICATION DATA 1. Enter the information requested about the issuer Name of Issuer (Check if this is an amendment and name has changed, and indicate change.) Adesto Technologies Corporation Address of Executive Offices (Number and Street, City, State, Zip Code) 1225 Innsbruck Drive, Sunnyvale, CA 94089 Telephone Number (Including Area Code) (408) 400-0578	
A. BASIC IDENTIFICATION DATA	
Enter the information requested about the issuer	DG
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	ANSSHIPTION D
Adesto Technologies Corporation	16t
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
1225 Innsbruck Drive, Sunnyvale, CA 94089	(408) 400-0578
	Telephone Number (Including Area Code) Same as above
Same as above	DDOOFOOFD
Brief Description of Business	PROCESSED
Developing memory technology solutions for the semiconductor market.	MAX 0 C2000
Type of Business Organization	/ WIAT 0.0 7000
☐ corporation ☐ limited partnership, already formed ☐ oth	er (please specify)
business trust limited partnership, to be formed	INOMISON REUTERS
	Actual Estimated
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:	
CN for Canada; FN fo	r other foreign jurisdiction) C A

GENERAL INSTRUCTIONS

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

		A. BASIC IDENT	FICATION DATA		
2. Enter the information rec	quested for the follo	owing:			
		er has been organized with			
		wer to vote or dispose, or	direct the vote or dispos	sition of, 10% or	more of a class of equity
securities of the issu	•				
		corporate issuers and of co	rporate general and manag	ing partners of par	rtnership issuers; and
Each general and m	anaging partner of	partnership issuers.			
Check Box(es) that Apply:	Promoter	☑ Beneficial Owner	Executive Officer	☑ Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Derhacobian, Nart	oeh				
Business or Residence Addres	ss (Number and Str	eet, City, State, Zip Code)			
	•	ruck Drive, Sunnyvale, C			
Check Box(es) that Apply:	□ Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Naveh, Ishai	,				
Business or Residence Addres	ss (Number and Sta	reet City State 7in Code			
	•	ruck Drive, Sunnyvale, C			
	Promoter	Beneficial Owner	Executive Officer	Director	General and/or
Check Box(es) that Apply:		Beneficial Owner	Executive Officer	Director	Managing Partner
Full Name (Last name first, if	individual)				
Reiten, Mark					
Business or Residence Address	ss (Number and Str	reet, City, State, Zip Code)			
c/o Adesto Techno	logies, 1225 Innsb	ruck Drive, Sunnyvale, C	A 94089		
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Hollmer, Shane					
Business or Residence Addres	ss (Number and Str	reet, City, State, Zip Code)	<u> </u>		
	•	ruck Drive, Sunnyvale, C			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Axon Technologies	•				
	<u> </u>				-
Business or Residence Addres	•	eet, City, State, Zip Code) J. Scottsdale, AZ 85258			
	<u>_</u> _	`		57	
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	☑ Director	General and/or Managing Partner
Full Name (Last name first, if Crandell, Keith	individual)				
Business or Residence Addres	ss (Number and Str	reet, City, State, Zin Code)			
		ins Road, Suite 290, Chica			
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Janse, Michael	individudi)				
Business or Residence Addres	ss (Number and Str	eet, City, State, Zip Code)			
c/o Harris & Harri	s Group, 111 Wes	t 57th Street, Suite 1100,	New York, NY 10019		

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

		A. BASIC IDENT	IFICATION DATA		
2. Enter the information requ	ested for the follo	wing:			
Each promoter of the	issuer, if the issue	er has been organized with	in the past five years;		
 Each beneficial own 	er having the pov	ver to vote or dispose, or	direct the vote or dispos	ition of, 10% or	more of a class of equity
securities of the issue					
		=	rporate general and manag	ing partners of par	tnership issuers; and
 Each general and man 	naging partner of	partnership issuers.			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☑ Director	General and/or Managing Partner
Full Name (Last name first, if i Koomen, CJ	ndividual)	·			
Business or Residence Address	(Number and Str	eet, City, State, Zip Code)	•		
	-	uck Drive, Sunnyvale, C			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if i	ndividual)			•	· · · · ·
Thomas, T. Peter	,				
Business or Residence Address	(Number and Str	eet City State Zin Code)			• • • •
	-	re Parkway, Suite 550, F			
	Promoter	Beneficial Owner	Executive Officer	Director	General and/or
Check Box(es) that Apply:	- Fiornotei	M Belieficial Owner	☐ Executive Officer	L Director	Managing Partner
Full Name (Last name first, if i	ndividual)				
Applied Ventures, L	-				
Business or Residence Address		est City State Zin Code			
		vers Avenue, MS 0105, S			
	Promoter	Beneficial Owner	Executive Officer	Director	General and/or
Check Box(es) that Apply:	- Fromoter	M Belieficial Owler	Executive Officer	□ Director	Managing Partner
Full Name (Last name first, if i	ndividual)	·			
ARCH Venture Fun	•				
Business or Residence Address		eet City State Zin Code)	 	<u> </u>	<u> </u>
8725 West Higgins I	•				
		.		□ D '	Πα1
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if i	•				
ATA Ventures II, L	.P. and affiliates				····
Business or Residence Address	•				
203 Redwood Shore	Parkway, Suite	550, Redwood City, CA 9	94065		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if i	ndividual)				
Harris & Harris Gr	oup, Inc.				
Business or Residence Address	(Number and Str	eet, City, State, Zip Code)			
111 West 57th Stree	t, Suite 1100, Ne	w York, NY 10019			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if i	ndividual)				- ·
Adams Street 2006	,	and affiliates			
Business or Residence Address	(Number and Str	eet, City, State, Zin Code)			
	•	, Chicago, IL 60606-280			

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

			 	<u> </u>	B. INFOR	MATION	ABOUT O	FFERING				
									-			Yes No
1.	Has the iss	uer sold, or do	es the issu						-			
								ing under Ul				
2.	What is the	e minimum in	estment th	nat will be	accepted fi	om any ind	ividual?				\$ <u>Not</u>	
2	Door the e	ffering permit	ioint ours	mehin of o	cinale unit	9						Yes No ⊠ □
			•	•	-							
	commissio If a person or states, l:	information re on or similar re to be listed is ist the name of lealer, you ma	munerations an associate the broke	n for solic ated person r or dealer	itation of p n or agent of . If more t	ourchasers i of a broker han five (5)	n connection or dealer respons to	n with sales gistered wit be listed are	s of securition of the SEC a	es in the off nd/or with a	ering. i state	
Full		t name first, if	individual	1)								,
Busi	ness or Res	sidence Addres	ss (Numbe	r and Stree	t, City, Sta	te, Zip Cod	e)					
Nam	e of Associ	iated Broker o	r Dealer							_		
<u> </u>						1.1.0. 1						<u>.</u>
		Person Listed States" or chec										All States
•				-								_
[A]			[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID] [MO]
[11] [M]	-		[KS] [NH]	[KY]	[LA] [NM]	[ME] [NY]	[MD] [NC]	[MA] [ND]	[MI] [OH]	[MN] [OK]	[MS] [OR]	[MO] [PA]
[R			[TN]	[TX]	(UT)	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
		t name first, if			[01]			[(,,,,)	[", "]	[,, ,]	[,, ,]	()
				.,								
Busi	ness or Res	sidence Addres	ss (Numbe	r and Stree	t, City, Sta	te, Zip Cod	e)			, ,		
Nam	e of Assoc	iated Broker o	r Dealer									
State	s in Which	Person Listed	l Has Solic	ited or Int	ends to Sol	icit Purchas	ers					·
		States" or chec								• • • • • • • • • • • • • • • • • • • •		All States
[A]	L] [Ak	() [AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	(HI)	[ID]
[11			[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
ſM			[NH]	[N]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[R	[SC		[TN]	[TX]	[មក]	[VT]	[VA]	[WA]	[WV]	[W1]	[WY]	[PR]
Full	Name (Las	t name first, if	individual	l)			······					
Rusi	ness or Res	sidence Addre	s (Numbe	r and Stree	t City Sta	te Zin Cod	e)					
15451	1033 01 1100	ndenee 7 laare.	ss (Trainio	and bucc	i, city, ou	, 21p Cou	. ,					
Nam	e of Assoc	iated Broker o	r Dealer									
State	s in Which	Person Listed	l Has Solic	ited or Int	ends to Sol	icit Purcha	sers	 	<u> </u>			
		States" or chec									•••••	☐ All States
[A]	L] [Al	() [AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[11	.] [IN	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[M	T] [NE	[NV]	[HN]	[N]]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
I R	11 [86	idaa i	ITNI	[TX1	HIT	[VT]	[VA]	(WA)	rwvi	twn	IWYI	[PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\subseteq \) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.				
	Type of Security	Aggre Offeri	gate ng Price	Amo	unt Already Sold
	Debt	\$	-0-	\$	-0-
	Equity	\$11.50	00,00,00	\$11.5	00,000.00
	☐ Common ☐ Preferred			· · · · · · · · · · · · · · · · · · ·	<u> </u>
	Convertible Securities (Warrants to purchase Series A Preferred Stock)	\$ 559,	999.78	\$ 559	9,999.78
	Partnership Interests	\$	-0-	· <u>\$</u>	-0-
	Other (Specify)	<u> </u>	-0-	<u> </u>	-0-
	Total	\$ <u>12,0</u>	59,999.78	\$12,	059,999.78
2.	Answer also in Appendix, Column 3, if filing under ULOE. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."				
			nber stors	Dolla	gregate r Amount irchases
	Accredited Investors	9		\$12, 05	9,999.78
	Non-accredited Investors	-0-		\$	-0-
	Total (for filings under Rule 504 only)	N/A		\$ <u>N/A</u>	
	Answer also in Appendix, Column 4, if filing under ULOE.			-	
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.				
	Type of offering	Type Secu			r Amount Sold
	Rule 505	N/A		\$N/A	
	Regulation A	N/A		\$N/A	
	Rule 504	N/A		\$N/A	
	Total	N/A		\$N/A	
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.				
	Transfer Agent's Fees	• • • • • • • • • • • • • • • • • • • •		\$	-0-
	Printing and Engraving Costs			\$	-0-
	Legal Fees		\boxtimes	\$To b	e determined
	Accounting Fees			\$	-0-
	Engineering Fees			\$	-0-
	Sales Commissions (specify finder's fees separately)		m	s	-0-
	Other Expenses (identify)			S	-0-
	Total		×	\$To b	e determined

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

_	C. OFFERING PRICE, N	IUMBER OF INVESTORS, EXPENSES A	ND USE (OF PROCEED	S	
	b. Enter the difference between the aggrega Question 1 and total expenses furnished in res "adjusted gross proceeds to the issuer."			·····	\$ 12,0	59,999.78
5.	Indicate below the amount of the adjusted grused for each of the purposes shown. If the estimate and check the box to the left of the equal the adjusted gross proceeds to the issuabove.	amount for any purpose is not known, furnise estimate. The total of the payments listed	sh an must			
				Payments to Officers, Directors, & Affiliates		ments To Others
	Salaries and fees		_ \$	-0-	□ \$	-0-
	Purchase of real estate			-0-		-0-
	Purchase, rental or leasing and installation	on of machinery and equipment	□ \$	-0-	□ \$	-0-
			□ \$	-0-	□ \$	-0-
	Acquisition of other business (including offering that may be used in exchange fo issuer pursuant to a merger)	the value of securities involved in this r the assets or securities of another	□ \$	-0-	□ \$	-0-
	Repayment of indebtedness		□ s	-0-	□ s	-0-
	Working capital		□ s _	-0-	☐ \$12,	059,999.78
	Other (specify):					
			□ \$	-0-	□ s	-0-
	Column Totals		□ s_	-0-	□ \$12,	059,999.78
	Total Payments Listed (column totals ad-	ded)		-0-	☐ \$ <u>12,</u>	059,999.78
_		D. FEDERAL SIGNATURE				
ollo	issuer has duly caused this notice to be sign owing signature constitutes an undertaking by is staff, the information furnished by the issuer	the issuer to furnish to the U.S. Securities and	d Exchang	e Commission.	upon writte	505, the en request
ssu	er (Print or Type)	Signature	Da	ute		
١de	esto Technologies Corporation	Sh. N. D. Yarak	Ar	oril 29,2008		
lan	ne of Signer (Print or Type)	Title of Signer (Print of Type)				
ior	heh Derhacohian	President and CEO				

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

